PLAYER NUMBER
OFFICE USE ONLY

PLAYER PARTICIPATION AGREEMENT

PLEASE READ THE FOLLOWING

I, the undersigned, understand that I have agreed to play the game entirely at my own risk (recognizing that there are hazards in the woods - fallen trees, dead branches, sharp objects, holes etc, and that if participating in paintball or mini paintball that the pellets from the gun can bruise or break the skin). I shall conform to all safety regulations in force and that at all times indemnify **SKIRMISH WYCOMBE**, and the organizers and absolve them from liability in respect of damage or death to people or property howsoever this may arise.

I confirm that I am **7 years** of age or older for laser tag, **8 years** of age or older for splatball, **9 years** of age or older for mini paintball or **11 years** of age (must be in year 7) or older for paintball. I confirm that I shall not attempt to purchase or use pyrotechnics unless I am 18 years of age or above. I also confirm that I will not purchase pyrotechnics for players 17 years of age or under.

Paintball Safety - Eyes and Ears. A pair of safety goggles and hood will be provided to protect your eyes and ears if participating in any paintball activity, which must be worn at all times in the game zones. The only place that they do not have to be worn is in the safe zone (this area will be shown to you, if you are in doubt please ask a marshal for clarification after the safety talk).

If you do not follow the safety regulations as explained by the site staff you run a high risk of serious injury. For your own safety **we reserve the right to stop the game you are playing and ask you to leave the site**, for persistently breaking the safety rules. If this course of action has to happen, **there will be no refunds or credit notes issued.**

Please Note: The consumption of alcohol or other intoxicating substances are strictly prohibited during your day. Any players found consuming or under the influence of any such intoxicating substances will be asked to leave the site.

PLEASE COMPLETE THE FOLLOWING IN BLOCK CAPITALS

FULL NAME																					

ADDRESS																					
												POST CODE									

PHONE NUMBER																					

EMAIL ADDRESS																					

DATE OF BIRTH			/			/				

I agree to a computerized record being kept of the above details for the sole purpose of future mailings about activities related to **SKIRMISH WYCOMBE.** Such information would be for use by **SKIRMISH WYCOMBE** only and will not be made available to any other source.

To opt in tick here: ☐

Signature:	Date:			/			/				

(Guardian if under 16)